



International Union of Operating Engineers

Local 877 Annuity Fund

DESIGNATION OF BENEFICIARY FORM – UNMARRIED PARTICIPANT

Please complete this Designation of Beneficiary Form (Form) only if you are an UNMARRIED PARTICIPANT of the International Union of Operating Engineers Local 877 Annuity Fund (Fund). If you are currently married, your spouse is automatically your designated beneficiary, however, if you wish to name someone other than your spouse, contact the Fund Office to request the appropriate form. Please type or print each answer completely and clearly. If a mistake is made, no erasures or corrections should be attempted, and you should request a new Form to complete.

SECTION 1: PARTICIPANT INFORMATION

Participant Name: _____ Participant Date of Birth: _____

Participant Social Security Number: _____

Participant Address: _____

Participant Phone Number: _____ Participant Email Address: _____

Participant Marital Status (MUST CONFIRM THEY ARE NOT MARRIED): _____

SECTION 2: BENEFICIARY INFORMATION

Subject to the terms of the International Union of Operating Engineers Local 877 Annuity Plan (Plan), I hereby designate the following individual as my beneficiary to receive the value of my Fund account(s) if I die. I understand that this designation shall revoke all prior designations of beneficiary that I may have made.

Under the current terms of the Plan, I understand that I can only name one person as a beneficiary unless I obtain specific consent from the Board of Trustees of the Fund.

Name of Beneficiary: _____ Beneficiary Date of Birth: _____

Relationship of Beneficiary to Participant: _____ Beneficiary Social Security Number: _____

Address of Beneficiary: _____

Beneficiary Phone Number: _____

Beneficiary Email Address: _____

SECTION 3: CERTIFICATION

I acknowledge and understand that no new beneficiary forms or changes in my beneficiary will be accepted or honored by the Fund Office after the date of my death. I certify that I am not married and designate the individual listed in Section 2 of this form as my beneficiary to receive death benefits, if applicable, under the Plan after I die. Under penalties of perjury, I certify by my signature that all of the information on this Form is true, correct and complete.

Signature of Participant: _____ Date: _____

Notary Acknowledgement of Member's Signature

State/Commonwealth of _____

ss. _____ (Town/City)

County of _____

On this _____ day of _____, 20____, before me, _____ (*print name of Notary*), the undersigned officer, personally appeared _____ (*print name of Member*) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

Signature of Notary Public

Date Commission Expires: _____

Affix Seal (required)